

## PERSON-CENTERED PLANNING FACILITATION

### Service Description

**H005-BC**

A service that provides an assessment to determine an individual's need for assistance in understanding his or her disability and developing the tools to become more independent and confident in basic living skills.

Person-centered planning facilitation is a planning approach for determining, planning for, and working toward the preferred future of a person with developmental disabilities in community life. A component of Support Coordination (Case Management) services, this service refers to the facilitation and development of a plan developed in concert with a Division member, his/her family, and others that are important to the member. Guided by a trained facilitator, this "person-centered" team meets to identify opportunities for the member to develop personal relationships, participate in his/her community, increase control over their own lives, and develop the skills and abilities needed to achieve personal goals. The plan focuses both on paid and natural supports and coordination between multiple agencies to assist a member in achieving his/her desired future. The planning process is a way to gather and organize information, respects the member's choices and preferences, is positive and focused on capacities of both the member and the community in which he or she lives, provides an accurate picture of the member and his/her desires, and is action-oriented with actions steps and timeframes for evaluation.

There are several approaches that use person-centered planning. Some that are the most well known in working with people with developmental disabilities include:

- Personal Futures Planning,
- Making Action Plans ("MAPS"),
- Planning Alternative Tomorrows with Hope ("PATH"), and
- Essential Lifestyles Planning.

All approaches are acceptable as long as the person-centered plan:

1. Ensures that the primary direction comes from the member;
2. Involves family members and friends of the member's choice and has a reliance on personal relationships as the primary source of support to the member;
3. Focuses on capacities and assets rather than on limitations;
4. Has an emphasis on the settings, services, supports, and routines available to the community at large rather than those designed for people with disabilities; and

5. Focuses on quality of life with an emphasis on personal dreams, desired outcomes, and meaningful experiences.

## **Service Requirements and Limitations**

This service may be provided in any setting agreed to by the member but is generally provided in the member's home or another community setting that is comfortable, informal, and hospitable.

## **Service Goals and Objectives**

### Service Goals

To facilitate a person-centered plan for members and their families in order to provide a positive and community-based work plan for life transitions such as school to work or moving from the family home.

### Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Facilitate and develop a person-centered plan in conjunction with the member, their family, and others closest to the person. Service components include:
  - 1.1 Meet with the member to explain the person-centered planning process and to determine others that the member would like to have participate in the plan.
  - 1.2 Work with the member's Support Coordinator to determine a time and location for the person-centered planning session(s) that assures the member's participation as well as those persons that the member would like to have in attendance.
  - 1.3 Facilitate the person-centered planning session(s). During the session(s), the facilitator should assist the member to participate as much as possible, establish ground rules, keep the group positive and focused on the member's strengths and choices, and record the member's vision for the future and priorities. The vision should be broken down into achievable steps and consider both paid and natural supports. The Plan shall be recorded and include, at a minimum, maps/charts on relationships, choices, what works and what does not work, health and safety, vision for the future and priorities, and action steps.
  - 1.4 Write the plan up and provide a copy of the plan and maps/charts to the member/member's representative and the member's Support Coordinator.
  - 1.5 If time allows, provide follow-up on action steps by bringing the group back together within three (3) months of the initial person-centered planning session(s). If unable to personally bring the group back together, contact the member's Support Coordinator by telephone to provide ideas and recommendations for the next follow-up meeting.

## **Service Utilization Information**

1. This service is provided to members who are experiencing life transitions such as exiting high school to work, moving from the person's family home, or moving from a nursing home, psychiatric hospital, or Intermediate Care Facility ("ICF") to the community.
2. This service may also be provided to members who are seeking an Individually Designed Living Arrangement, who are participating in Member-Directed Supports, or who are a priority for planning in order to identify the supports they will need when an aging caregiver is no longer able to provide supports in their home.

## **Rate Basis**

1. Published.
2. The basis of payment for this service is the completion and receipt of a person-centered plan. This is inclusive of approximately four (4) hours of direct facilitation and up to two (2) hours of preparation and report writing. Payment can be claimed only when the plan is completed and delivered to the member.
3. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

## **Direct Service Staff Qualifications**

Direct Service Staff shall have:

1. Successfully completed a Division-approved person-centered planning facilitator's training session.
2. The ability to communicate effectively with the member in order to provide this service.

## **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall maintain copies of all standardized documents and materials used in providing this service for the member and the Division to review.
2. The Qualified Vendor shall maintain a copy of the completed, written person-centered plan, and all related documents, including all preparation documents, the charts/maps, etc., and provide a copy of the plan and all related documents to the member/member's representative, the member's Support Coordinator, and all participants.

3. The Qualified Vendor shall maintain on file a document that contains the signature of the member or the member's representative that acknowledges receipt of a copy of the completed person-centered plan and related documents. The signed receipt must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.

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